U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 4//5

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

| | 0/ / 0/ / 2004 Through: 12 / 3/ / 2054 | | | | | |
|--|--|--|--|--|--|--|
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | | | | |
| Name GLENN - CANNON | Name SCREEN ACTORS GUIL | | | | | |
| | Labor Organization File Number 550-7/3 | | | | | |
| P.O. Box, Bldg., Room No., if any KENWENY THEATRE | P.O. Box, Building and Room Number, if any | | | | | |
| Street 1770 EAST-WEST Rd | Street 5757 Wilshipf Blud. | | | | | |
| City Honolusu | City Los Angeles | | | | | |
| State H T ZIP Code + 4 968 323 | State CA ZIP Code + 4 900 36 | | | | | |
| 5. Position in labor organization. PRESIDENT, Screen Acroses Guild Council, HAWair BRANCH | | | | | | |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | | | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | | | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | | | | |
| Name | | | | | | |
| Trade Name, if any: | | | | | | |
| P.Or Box, Bldg., Room No., if any | | | | | | |
| Remonarticalitation multisulation in the contract and the | 7.b. Amount. | | | | | |
| Street Street | | | | | | |
| City | | | | | | |
| State ZIP Code + 4 | | | | | | |
| Signature | | | | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | | | | |
| | | | | | | |

808 947-482 Telephone Number

| Name of Person Filing GLEWN CANAGE | | File Number U- | | | | |
|--|--|------------------------|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or i (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization. | otherwise dealing with the busines is actively seeking to represent, or or indirectly to, or otherwise | ss | | | | |
| 8. Name and address of Business (including trade name, if any). Name ORACLE CORP. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 500 ORACLE PARKWAY City REDWOOD Shores State ZIP Code + 4 94065 | 9. Business deals with: a. Labor Organiza b. Trust c. Employer | ation | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Stree. | 11.a. Nature of such deal May do 1 Scare A | business with | | | | |
| City State ZIP Code + 4 | 12.a. Nature of interest he | ld or income received. | | | | |
| | 12.b. Amount. | 1200 Shares | | | | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | | | | | |
| (including trade name, if any). | | | | | | |
| Name | Annual Control of the | | | | | |
| Trade Name, if any: | | | | | | |
| P.O. Box, Bldg., Room No., if any | | | | | | |
| Street | | | | | | |
| City State ZIP Code + 4 | | | | | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | | | | | |

| Name of Person Filing GLENN CANALL | | File Number U- | | | | |
|---|--|--------------------|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | | | |
| 8. Name and address of Business (including trade name, if any). Name MicCoSof 7 COR9. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Microsof Was City Remark. State UK ZIP Code +4 9803-7 | 9. Business deals with: a. Labor Organizat b. Trust c. Employer | fion | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Stree. City State ZIP Code + 4 | 11.a. Nature of such dealing the such de | e of such dealing. | | | | |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | | | | | | |
| 13.b. Is the Business an Employer or Consultant? | - | | | | | |

| Name of Person Filing GLENN CANNEN | | File Number U- | |
|--|--|--------------------------|----------------|
| B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization. | wise dealing with the busines: vely seeking to represent, or directly to, or otherwise | S | |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | | |
| Name Cisco-Systems Inc. | | | |
| Trade Name, if any: | a. Labor Organiza | tion | |
| P.O. Box, Bldg., Room No., if any | c. Employer | | |
| Street 6605 195 Miles Ra. | C. Limpioyer | | |
| City STERING HEIGHTS, MI | | | |
| State ZIP Code + 4 48314 - | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such deali | ng. | |
| Name | May de : | BUSINESS W | of the second |
| Trade Name, if any: | 1 SER | Business w EEN ACTORS | Guild |
| P.O. Box, Bldg., Room No., if any | | | |
| Stree. | 11.b. Approximate dollar valu | e of such dealing | VALUE LUKKADIS |
| City | 12.a. Nature of interest held | | |
| State ZIP Code + 4 | Stock | | |
| | | | |
| | | | |
| | | | |
| | 12.b. Amount. | | 600 Shapes |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | | | |
| | 14.a. Nature of payment. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. readire of payment. | | |
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | | |
| State 7IP Code + 4 | | | |

14.b. Amount of payment.

?

or Consultant

13.b. Is the Business an Employer

| | File Number U- | | | | |
|---|--|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | | |
| 9. Business deals with: a. Labor Organiza b. Trust c. Employer | ation | | | | |
| 11.a. Nature of such deal | ing. | | | | |
| May do bue 11.b. Approximate dollar valu 12.a. Nature of interest hele | Titalian Matterial and Control of the Control of th | | | | |
| 12.b. Amount. | 2400 SKARES | | | | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | | |
| 14.a. Nature of payment. | | | | | |
| CONTRACTOR | envise dealing with the busines tively seeking to represent, or ndirectly to, or otherwise zation is interested. 9. Business deals with: a. Labor Organization is interested. 11.a. Nature of such deal 11.b. Approximate dollar valuation is interest heless. 12.a. Nature of interest heless or other thing of value. | | | | |

14.b. Amount of payment.

?

or Consultant

13.b. Is the Business an Employer